

# TVA RETIREMENT SYSTEM

## Savings Allotment Election Form

SECTION 1 - RETIREE INFORMATION				
Name (Last)		(First)	(Middle)	Social Security Number
Street Address		City/State		Zip Code
<input type="checkbox"/> Check here if new address	Daytime Phone Number (Area Code/Number)		For TVARS Use Only	

SECTION 2 - TO BE COMPLETED BY YOUR BANK OR FINANCIAL INSTITUTION													
<p>The dollar amount specified below will be deducted from your monthly retirement benefit and will be remitted as soon as possible to the financial institution designated below. The remittance may be received by the designated financial institution later than the last business day of the month.</p> <p>Please have the following information completed by your bank or financial institution or attach a voided check to this form.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;">Name and Address of Financial Institution: _____ _____ _____</div><div style="width: 30%; text-align: center;"><table border="1" style="margin: auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table><p>Routing Number</p></div><div style="width: 25%; text-align: center;"><table border="1" style="margin: auto;"><tr><td style="width: 30px; height: 20px;"></td></tr></table><p>Check Digit</p></div></div> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 40%;">Account Number: _____</div><div style="width: 30%; text-align: center;">Type of Account <input type="checkbox"/> Checking   <input type="checkbox"/> Savings</div><div style="width: 30%; text-align: center;">Amount of Savings Allotment \$ _____ .00</div></div> <p style="margin-top: 20px;">I confirm the identity of the above payee, the account number and type. As representative of the above financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 33%; text-align: center;">_____ Representative's Name</div><div style="width: 33%; text-align: center;">_____ Representative's Signature</div><div style="width: 33%; text-align: center;">_____ Phone Number</div></div>													

SECTION 3 - SIGNATURE	
<p>I hereby authorize TVARS to credit my monthly retirement allowance and, if necessary, make adjustments to correct errors to my account listed above. The authority is to remain in full force until TVARS has received written notification from me of its termination in such timely manner as to afford TVARS and my financial institution a reasonable opportunity to act on it.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%; text-align: center;">_____ Signature</div><div style="width: 35%; text-align: center;">_____ Date</div></div>	

### Privacy Act Statement

*The data you furnish to TVA will be used in administering the TVA Retirement System. This information will be placed in your TVA Retirement System file. This information may be shared with other federal agencies or congressional offices that have a need to know in connection with your application for a job, license, grant or other benefit. It may also be shared with national, state, local or other charitable or social security administrative agencies to determine and issue benefits under their programs. In addition, to the extent this information indicates a possible violation of civil or criminal law, it may be shared with appropriate federal, state or local law enforcement agencies. While you are not required to supply all the information requested on this form, it may not be possible to process your elections if you fail to do so. The authority for requesting this data is the TVA Act.*